No. W 137490	Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016	2. Registered Agent and Office **(NOT A P.O. BOX)** TAHIRIH CAHILL 4503 W MORRIS HILL RD BOISE ID 83706
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** ELEVEN SHADES STUDIO LLC TAHIRIH CAHILL 4503 W MORRIS HILL RD BOISE ID 83706	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

FILED

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☐	TAHIRIH CAHILL	4503 W MORRIS HILL RD	BOISE	ID	USA	83706
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 137490	Signature: [signature] Date: 16 Sept. 16 Name (type or print): TAHIRIH CAHILL Title: MANAGER

Issued 09/16/2016 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM